

## COMMERCIAL ARBITRATION RULES DEMAND FOR ARBITRATION

<b>Mediation:</b> If you would like the AAA to contact the other parties There is no additional administrative fee for this service.	and attempt to arrange a mediat	ion, please check this box 🏻 .	
You are hereby notified that a copy of our arbitration agreement a Association with a request that it commence administration of the an answering statement.			
Name of Respondent: Go North AB			
Address: Norra Allégatan 5, 413 01 Göteborg, Sweden			
City:	State: Select	Zip Code:	
Phone No.:	Fax No.:		
Email Address:			
Name of Representative (if known): Jeffrey Chubak, Esq.			
Name of Firm (if applicable): AMINI LLC			
Representative's Address: 131 WEST 35TH STREET, 12TH FLOOR			
City: NEWYORK	State: New York	Zip Code: 10001	
Phone No.: 212.497.8247	Fax No.: 212.497.8222		
Email Address: jchubak@aminillc.com			
The named claimant, a party to an arbitration agreement which provides for arbitration under the Commercial Arbitration Rules of the American Arbitration Association, hereby demands arbitration.			
Brief Description of the Dispute:			
EMERGENCY RELIEF, PRELIMINARY INJUNCTION REQUESTED; BREACH OF CONTRACT and TRADEMARK DISPUTE			
Dollar Amount of Claim: \$ 3,000,000+			
Other Relief Sought: 🗹 Attorneys Fees 🗹 Interest 🗹 Arbitration Costs 🗖 Punitive/Exemplary 🗹 Other: Preliminary and Permanent Injunction, Transfer of Trademarks			
Amount enclosed: \$ 7,700			
In accordance with Fee Schedule: $\square$ Flexible Fee Schedule $ olimits$ Standard Fee Schedule			
Please describe the qualifications you seek for arbitrator(s) to be a	ppointed to hear this dispute:		
Hearing locale:			
(check one) $\square$ Requested by Claimant $ ot \square$ Locale provision included in the contract			



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Estimated time needed for hearings overall:	hours or 2	days	
Type of Business:			
Claimant: Amazon seller	Respondent: Amazon aggregator		
Are any parties to this arbitration, or their controlling shareholder or parent company, from different countries than each other?			
Respondent is from Sweden			
Signature (may be signed by a representative):	Date: 08/15/2024		
Name of Claimant: BSB Industries LLC			
Address (to be used in connection with this case): PO Box 29			
City: Matamoras	State: Select	Zip Code: 18336	
Phone No.:	Fax No.:		
Email Address: david@masterdealsusa.com			
Name of Representative: Steven Stern , Esq.			
Name of Firm (if applicable): STERN & SCHURIN LLP			
Representative's Address: 595 Stewart Avenue, Suite 510			
City: Garden City	State: New York	Zip Code: 11530	
Phone No.: 516-248-0300	Fax No.: 516-283-0277		
Email Address: sstern@sternschurin.com			
To begin proceedings, <b>please file online at <u>www.adr.org/fileonline</u></b> . You will need to upload a copy of this Demand and the Arbitration Agreement, and pay the appropriate fee.			